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SERIAL NUMBER 09/685,193	FILING DATE 10/10/2000 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. P-9288.00
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** CONTINUING DATA ***** *WJ*

** FOREIGN APPLICATIONS ***** *WJ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/04/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>WJ</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 10
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ADDRESS
 27581
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TITLE
 Heart wall ablation/mapping catheter and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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RECEIVED 1810	No. _____ for following:	<table border="1"><tr><td data-bbox="1024 161 1461 205"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1024 205 1461 258"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1024 258 1461 310"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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